

EMERGENCY CARE FOR PREVENTION OF ANAPHYLAXIS

Release and Indemnification Agreement for Epinephrine

PART I: To be Completed by the Parent/Guardian

I hereby authorize Fairfax County Park Authority (FCPA) personnel to facilitate Epinephrine injection as directed by the Physician below. I agree to release, indemnify, and hold harmless FCPA and any of its officers, staff or agents from lawsuit, claims, expense, demand, or action against them for facilitating the injection, provided they follow the Physician's order as written below. I am aware that the injection may be facilitated by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and I assume responsibilities as required. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis.

Child's Name _____
DOB _____ Age _____ Sex _____ M _____ F _____

Parent/Guardian Signature

Date

PART II: To be Completed by Physician

Emergency injections are facilitated by non-health professionals who are taught by the Fairfax County Health Department to facilitate the injection. For this reason, only premeasured dose of Epinephrine may be given. Staff are not trained observers; therefore cannot observe for the development of symptoms before facilitating the injection. Facilitate the following injection immediately after report of exposure to:

Indicate specific allergen: _____

Check as appropriate: *medication expiration date must be clearly indicated

Ana-Kit

_____ Give premeasured dose of 0.3mg of Epinephrine 1:1000 aqueous solution. (0.3cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-pen, Jr.

_____ Give the premeasured dose of 0.15mg Epinephrine 1:2000 aqueous solution. (0.3cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-pen

_____ Give premeasured dose of 0.3mg of Epinephrine 1:1000 aqueous solution. (0.3cc)

_____ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

I acknowledge that this child has received adequate information on how and when to use Ana-Kit or Epi-pen and that the child can properly use it in an emergency.

Physician's Name (print)

Phone

Physician's Signature

Date

This Authorization form is complete. The original will be placed in child's file and shall be kept for three years. A copy will be placed in the Medication Log. The parent or guardian will receive a copy upon request.

Signature of FCPA Designee

Park Name and Date

Information and Procedures
Epinephrine

1. Epinephrine may not be administered without parent/guardian and physician authorizations.
2. Medication may not be accepted by personnel unless the Authorization Form is completed and signed.
3. A Physician may use office stationery or prescription pad in lieu of completing Part II. Necessary information includes: child's name, allergen for which Epinephrine is being prescribed, brand name, amount of premeasured epinephrine, time for repeat doses if deemed necessary, physician's signature, and date.
4. The parent/guardian is responsible for submitting a new form whenever there is a change in dosage or a change in the conditions under which epinephrine is to be injected.
5. Only premeasured doses of epinephrine may be given by FCPA personnel.
6. Medication must be properly labeled by pharmacist. Expiration date must be clearly indicated.
7. If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.
8. Medications must be hand delivered by the parent/guardian and any unused portions must be picked up by the parent/guardian immediately after effective date or on child's last day.
9. All medication is kept in a locked area and only accessible to authorized staff.
10. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.
11. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.